

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90231 008 ***150.00

DOCUMENT # P00000056194

1. Entity Name

4OR AUTOMOTIVE WARRANTY COMPANY, INC.

Principal Place of Business

Mailing Address

**940 HIGHLAND AVENUE
 ORLANDO, FL 32803**

**940 HIGHLAND AVENUE
 ORLANDO FL 32803**

00000000

2. Principal Place of Business

5075 WEST 38TH ST

3. Mailing Address

5075 WEST 38TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

INDIANAPOLIS, IN

City & State

INDIANAPOLIS, IN

4. FEI Number

59-3653252

Applied For

Not Applicable

46251

USA

46251

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORNSTEIN, MARK L
 940 HIGHLAND AVENUE
 ORLANDO FL 32803**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
 NAME **Perry Osman**
 STREET ADDRESS **625 EAST NASH BLVD**
 CITY-ST-ZIP **MELBANE, FL 32901**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Secretary** ☐ Delete
 NAME **PAUL osman**
 STREET ADDRESS **625 EAST NASH BLVD**
 CITY-ST-ZIP **MELBANE, FL 32901**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
 NAME **Kenneth R. Rosenthal**
 STREET ADDRESS **300 S. ORANGE AVE #1500**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth R. Rosenthal, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

Date

Daytime Phone #

CR2E034 (10/00)